

Personal Spiritual Questionnaire
Private and Confidential

All information provided in this questionnaire by the person seeking deliverance or their representative is entered voluntarily and accompanies the General Release Agreement and Waiver of Claims.

The goal of deliverance/inner healing/exorcism is to help a person oppressed by the devil to get rid of demons and to live in freedom purchased by Jesus Christ on the cross of Calvary for God's glory.

The personal spiritual questionnaire will help us understand the circumstances of your demonization and to identify potential demons that need to be cast out.

Here's some encouragement for you: To get rid of your demons, you need to open up. Sharing your feelings, thoughts, and dark secrets can greatly weaken the demons inside you and make it easier for us to support you. When you keep things hidden, it can give your demons a right to stay and to have continued power over you. So, be confident, be courageous, and be strong. Please begin answering the questions and take a step towards getting rid of your demons and feeling better.

Pastor Vlad

Word of Life Discipleship Church

<https://wldc.faith>

<https://freefromdemons.com>

CONFIDENTIAL INFORMATION

Name: <input style="width: 95%;" type="text"/>	Today's Date: <input style="width: 95%;" type="text"/>
Address: <input style="width: 95%;" type="text"/>	Spiritual Counselor: <input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	Church Attended: <input style="width: 95%;" type="text"/>
Cell Phone #: <input style="width: 95%;" type="text"/>	Pastor's Name: <input style="width: 95%;" type="text"/>
Messenger Used: <input style="width: 95%;" type="text"/>	# of Children: <input style="width: 95%;" type="text"/>
Age: <input style="width: 15%;" type="text"/> Birthday: <input style="width: 80%;" type="text"/>	Occupation: <input style="width: 95%;" type="text"/>
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/>	

Please briefly answer the following:

1. What is your church background? Denomination(s) and/ or church experience:

2. When did you accept Jesus Christ into your life? Briefly describe how you were born again:

3. Did your life really change? Yes No

If so, how?

4. Have you been baptized since your conversion? Yes No

If yes, when

5. Do you have assurance of salvation? Yes No

If no, please explain:

6. Have you been baptized with the Holy Spirit? Yes No

If yes, when, and what is the evidence you have seen?

7. Describe the content and frequency of your personal devotion and prayer time:

8. Where were you born? (City, State/Province/Region, Country)

9. Have you lived in other countries? Yes No

If yes, which ones?

10. Have you traveled to other countries? Yes No

If yes, which ones?

Family Background and Relationships

11. Where was your father born? (City, State/Province/Region, Country)

12. Where was your mother born? (City, State/Province/Region, Country)

13. Were you a planned child? Yes No I don't know

14. Were you "the right gender"? Yes No I don't know

15. Were you conceived out of wedlock? Yes No I don't know

16. Were you adopted? Yes No I don't know

If yes, at what age?

If yes, do you know your biological parents? Yes No

17. Was your mother traumatized during pregnancy with you? Yes No I don't know

18. Are your parents living? Father Yes No I don't know

Mother Yes No I don't know

If not, how old were you when they died?

19. Are your parents born-again (aka Christians)? Yes No I don't know

20. In whose home(s) were you raised?

Both biological parents' home Father's home Mother's home

Adoptive parents' home Grandparents' Friend's home

Foster home(s) Orphanage Other relative's home

21. Were you raised in a Christian family? Yes No

22. Was your father: Passive Strong and manipulative Neither

Would you say you had a good relationship with your father? Yes No

Would your father say he had a good relationship with you? Yes No I don't know

Briefly describe your past and current relationship with your father:

23. Was your mother: Passive Strong and manipulative Neither

Would you say you had a good relationship with your mother? Yes No

Would your mother say she had a good relationship with you? Yes No I don't know

Briefly describe your past and current relationship with your mother:

24. Were you brought up in an alcohol- or drug-afflicted home? Yes No

If yes, please explain:

25. Do you have siblings? Yes No

Names: 1. Age brother sister full half step

2. Age brother sister full half step

3. Age brother sister full half step

4. Age brother sister full half step

5. Age brother sister full half step

26. Where do you fall in the sibling line?

27. Briefly describe your relationship with your siblings when growing up:

28. Briefly describe your relationship with your siblings today:

29. During your childhood, was yours a happy home? Yes No

30. Were you lonely as a teenager? Yes No

If yes, please explain:

31. How would you describe your family's financial situation in your childhood?

Poor Below average Average Above average Highly affluent

32. Was (is) your father a perfectionist? Yes No

33. Was (is) your mother a perfectionist? Yes No

34. Were you raised in a physically abusive home? Yes No

If yes, please explain:

35. Were you sexually abused at home? Yes No

If yes, please explain:

35. Were you sexually abused outside the home? Yes No

If yes, please explain:

36. Have you, your spouse, your parents, or grandparents ever been involved in any of the following?

Occultism Astrology Native religions Mormons

Jehova's witnesses Spiritist churches Theosophy Christian science

Unity Buddhism Krishnaism Daosism

Bahai Hinduism Scientology Islam

- Illuminati Free Masonry Rosicrucian Christadelphians
 Oddfellows KKK Rainbow Girls Eastern Star
 Shriners Elks Club Demolay Job's Daughters
 Others

If you checked any of the above, please state who, what, when, and to what extent:

37. Have you, your spouse, your parents, or grandparents suffered from any of the following?

- Asthma Arthritis Cancer Viral infections
 High Fever Hay Fever Allergies Impotency
 Bent Body Diabetes Multiple Sclerosis Muscular Distrophy
 Blindness Blood Disease Cardio-vascular diseases Alcoholism
 Drug use Mental diseases Lingering disorders Stones in organs
 Others

If you checked any of the above, please state who, what, when, and to what extent:

38. Did either of your parents suffer from depression? Father Mother Neither

If you checked father or mother, please describe their depression and its impact at home:

About You:

39. Are you easily frustrated? Yes No

If yes, do you show or bury it? Show Bury

If yes, what frustrates you:

43. Would you describe yourself as: Anxious Yes No

A worrier Yes No

Depressed Yes No

44. Have you ever had psychiatric counseling? Yes No When?

45. Have you ever been hypnotized? Yes No

46. Do you feel mentally confused? Yes No

47. Do you daydream or have mental fantasies? Yes No

48. Do you suffer from frequent bad dreams/nightmares? Yes No

49. Do your dreams/nightmares have a recurring theme? Yes No

Please describe:

50. Have you ever been tempted to commit suicide? Yes No

If yes, how, when, and why?

51. Have you ever wished to die? Yes No

52. Have you ever been involved in occultism or witchcraft? Yes No

If yes, what and why?

53. Have you ever made any pacts with satan? Yes No

54. Are you aware of any curses placed on you or your family? Yes No

If yes, when, by whom, and why?

55. Have you practiced transcendental meditation? Yes No

56. Have you practiced Eastern religions? Yes No

57. Have you ever visited pagan temples? Yes No

58. Have you ever practiced any form of yoga? Yes No

59. Have you learned/used mind communication/mind control? Yes No

60. Have you ever seen demons or a demonic presence? Yes No

If yes, please explain briefly:

61. Do you have any symbols, idols, or spirit worship items in your home, such as:

Buddha Carved idols Totem poles Painted face masks

Native art Hindu gods Pagan symbols Masonic symbols

Other: specify

62. What kind of music did you listen to before getting born again?

Rock'n'Roll Punk rock New age Rap Heavy metal

Psychedelic Country Hard rock Jazz Disco

Gospel/Christian Classical Folklore Hip Hop Native/local

63. What kind of music do you listen now?

Rock'n'Roll Punk rock New age Rap Heavy metal

Psychedelic Country Hard rock Jazz Disco

Gospel/Christian Classical Folklore Hip Hop Native/local

64. Have you ever learned any martial arts? Yes No

If yes, please specify:

65. Do you struggle with any of the following sexual sins? Mark what's applicable to you. \

- Fornication Premarital sex Adultery Porn Masturbation
 Sexual fantasies Child porn Bestiality Gay sex Lesbian sex
 Pedophilia Necrophilia Group sex Prostitution Stripping

66. Do you have any tattoos? Yes No

If yes, please specify what they depict, where on your body they are, when you got them and why.

1.

2.

3.

4.

5.

67. Did/Do you use any of the following drugs, plants, and/or substances:

- Marijuana Cocaine Crack LSD Speed
 Uppers Downers Ayahuasca Meth Fentanyl

Other

Were you addicted? Yes No

68. Have you ever been addicted to the following?

- Gambling Compulsive exercise Shopping Television
 Alcohol Smoking Coffee Being a spend thrift
 Food Sugar Pornography Sex
 RX Drugs Watching sports Social media Movies/shows

69. In your walk as a Christian, what are you struggling with?

- Accepting the deity of Jesus Accepting Christ's atoning sacrifice
 Accepting the teaching of Jesus Doubting God's love
 Humanistic thinking Doubting whether you're saved
 Not knowing your calling Backsliding into sin
 Lack of success in anything Judging others
 Falling into heresies Unforgiveness of self
 Accepting God's forgiveness Lack of faith
 Sinful desires Hostility toward others
 Discontent with church Resentment toward other believers

70. Have you ever struggled with the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> A bound mind | <input type="checkbox"/> Lust | <input type="checkbox"/> Satanic interest |
| <input type="checkbox"/> Bitterness | <input type="checkbox"/> My ambitions and achievements | <input type="checkbox"/> Spiritual blindness |
| <input type="checkbox"/> Control over life | <input type="checkbox"/> Oppression | <input type="checkbox"/> Spiritual deadness |
| <input type="checkbox"/> Fear of death | <input type="checkbox"/> Religion | <input type="checkbox"/> Corruption (various forms) |

71. Have you ever experienced problems in the following areas?

- | | | |
|---|---|---|
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Spiritual deafness/blindness | <input type="checkbox"/> Foaming at the mouth |
| <input type="checkbox"/> Pining away | <input type="checkbox"/> Prostration | <input type="checkbox"/> Madness |
| <input type="checkbox"/> Senility | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Ear problems | <input type="checkbox"/> Crippled | <input type="checkbox"/> Alzheimer's disease |
| <input type="checkbox"/> Burned | <input type="checkbox"/> Suicidal | <input type="checkbox"/> Insanity |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Palsy |
| <input type="checkbox"/> Near drowning experience | <input type="checkbox"/> Excessive crying or tearing | <input type="checkbox"/> Gnashing of teeth |
| <input type="checkbox"/> Chemical imbalance | <input type="checkbox"/> Self-mutilation | <input type="checkbox"/> Retardation |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Hearing voices | <input type="checkbox"/> Attention deficit |

Eating disorders (types):

72. Have you every experienced problems in the following areas:

- | | | |
|--|---|--|
| <input type="checkbox"/> Accidents | <input type="checkbox"/> Death in relationships | <input type="checkbox"/> Random acts of violence |
| <input type="checkbox"/> Clumsiness | <input type="checkbox"/> Death to ministry | <input type="checkbox"/> Speeding |
| <input type="checkbox"/> Daredevil acts | <input type="checkbox"/> Disease | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Death in marriage | <input type="checkbox"/> Fighting | <input type="checkbox"/> Death lurking nearby |

73. Have you ever been interested in or involved with the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal guides | <input type="checkbox"/> Lust for power/control | <input type="checkbox"/> Astrology/horoscopes |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Magic (black/white) | <input type="checkbox"/> Dream interpreting |
| <input type="checkbox"/> Astral projection | <input type="checkbox"/> Mind control/manipulation | <input type="checkbox"/> Vampires |
| <input type="checkbox"/> Birth charts | <input type="checkbox"/> Rebellion | <input type="checkbox"/> Water witching |
| <input type="checkbox"/> Divination | <input type="checkbox"/> Self-will | <input type="checkbox"/> Warlock |
| <input type="checkbox"/> False prophecy | <input type="checkbox"/> Spirit guides | <input type="checkbox"/> Wizard |
| <input type="checkbox"/> Fortune telling/soothsayers | <input type="checkbox"/> Spiritists | <input type="checkbox"/> Witches |
| <input type="checkbox"/> Hypnotist-enchanter | <input type="checkbox"/> Sorcery | <input type="checkbox"/> Witch doctors |

74. Have you ever struggled in the following areas:

- | | | |
|--|--|--|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Defensive | <input type="checkbox"/> Error in doctrine |
| <input type="checkbox"/> Contentiousness | <input type="checkbox"/> Dullness of comprehension | <input type="checkbox"/> False prophecy |

- False teachings (JW, Mormonism, Catholicism/Eastern Orthodoxy, Buddhism, Hinduism, etc.)
- Fears Hindrances to believing faith principles
- Hindrances to Bible study Hindrances to hearing sermons Hindrances to prayerfully
- Hindrances to the movement of the Holy Spirit Hyper-spirituality
- Mental confusion Mixing the holy with the profane New Age
- Maintaining a form of godliness Phobias Servant to corruption
- Twisting of Scripture Unsubmissive attitude Unteachable spirit

75. Have you ever been involved in the following:

- Animal guides Bigotry Calling on mediums
- Clairvoyance Divination Drugs (illicit or legal)
- False prophecy Familiar Spirits Inferiority
- Low self-esteem Mind dreaming Necromancy
- Peeping and muttering Racism Seances
- Self-pity Spirit guides Witchcraft
- Yoga

76. Have you ever struggled with the following:

- Anxiety, stress Constant desire to be alone Critical spirit
- Desire to be a hermit or recluse Extrovert Fear
- Fear of abandonment Fear of animals Fear of authority
- Fear of death Fear of failure Fear of heart attacks
- Fear of heights Fear of not being good enough Fear of rejection
- Fear of saying no Fear of spiders Introvert
- Lack of trust, doubt, worry Migraines Panic attacks
- Torment, horror Unhealthy fear of God Other fears (list):

77. Have you ever struggled with the following:

- Always-right-type of attitude Arrogance Attention seeking
- Boasting and bragging Contentiousness Control
- Dictatorship Egotism Exalted feelings
- Gossip Haughtiness Holier-than-though attitude
- Idleness Impatience Interrupting others
- Manipulation National pride Obstinance
- Overbearing or domineering Performance orientation Professional pride

- | | | |
|---|---|---|
| <input type="checkbox"/> Rationalizing pride | <input type="checkbox"/> Rebellion | <input type="checkbox"/> Regional pride |
| <input type="checkbox"/> Rejection of God's authority | <input type="checkbox"/> Rejection of man's authority | <input type="checkbox"/> Religious pride |
| <input type="checkbox"/> Scornful attitude | <input type="checkbox"/> Self-deception | <input type="checkbox"/> Self-righteousness |
| <input type="checkbox"/> Strife | <input type="checkbox"/> Vanity | |

78. Have you ever struggled with the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Broken heart | <input type="checkbox"/> Constant sorrow and grief |
| <input type="checkbox"/> Dejection | <input type="checkbox"/> Depression | <input type="checkbox"/> Despair |
| <input type="checkbox"/> Discouragement | <input type="checkbox"/> Excessive mourning | <input type="checkbox"/> False responsibility |
| <input type="checkbox"/> Gluttony | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Inferiority |
| <input type="checkbox"/> Inner hurts and a torn spirit | <input type="checkbox"/> Insecurity | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Life's unfairness | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Regrets |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> Self-Hate | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Suppressed emotions | | |

79. Have you suffered or are you suffering from the following infirmities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bacterial infections | <input type="checkbox"/> Bent body – spine | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Chemical imbalance | <input type="checkbox"/> Cysts | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Excessive fatigue |
| <input type="checkbox"/> Excessive pain and affliction | <input type="checkbox"/> Extended fever | <input type="checkbox"/> Frailness |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Hypochondria | <input type="checkbox"/> Impotency |
| <input type="checkbox"/> Infirmity in general | <input type="checkbox"/> Lameness | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Lingering disorders | <input type="checkbox"/> Oppression | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Tumors | <input type="checkbox"/> Viral infections |
| <input type="checkbox"/> Warts | | |

80. Have you ever struggled with the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Bigotry and racism | <input type="checkbox"/> Causing divisions |
| <input type="checkbox"/> Covetousness | <input type="checkbox"/> Cruelty | <input type="checkbox"/> Desire to murder |
| <input type="checkbox"/> Envy | <input type="checkbox"/> Extreme competition | <input type="checkbox"/> Hatred |
| <input type="checkbox"/> Jealousy | <input type="checkbox"/> Rage | <input type="checkbox"/> Revenge |
| <input type="checkbox"/> Selfishness | <input type="checkbox"/> Spite | <input type="checkbox"/> Strife |
| <input type="checkbox"/> Suppressed anger | <input type="checkbox"/> Suppressed rage | <input type="checkbox"/> Violence |

81. Have you ever struggled with the following

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Accusations | <input type="checkbox"/> Condemnation | <input type="checkbox"/> Covenant breaking |
|--------------------------------------|---------------------------------------|--|

- | | | |
|---|--|--|
| <input type="checkbox"/> Driving zeal | <input type="checkbox"/> Exaggeration | <input type="checkbox"/> False burdens |
| <input type="checkbox"/> False prophecy | <input type="checkbox"/> False teaching | <input type="checkbox"/> Flattery |
| <input type="checkbox"/> Frenzied emotional actions | <input type="checkbox"/> Gossip | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Melancholy nature | <input type="checkbox"/> Profanity |
| <input type="checkbox"/> Religious bondage | <input type="checkbox"/> Self-deception | <input type="checkbox"/> Shame |
| <input type="checkbox"/> Slander | <input type="checkbox"/> Strong deception | <input type="checkbox"/> Superstitions |

82. Have you ever struggled with the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Broken spirit | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Chronic worrier | <input type="checkbox"/> Date rape | <input type="checkbox"/> Effeminate spirit |
| <input type="checkbox"/> Emotional frigidity | <input type="checkbox"/> Evil actions | <input type="checkbox"/> Filthy mind |
| <input type="checkbox"/> Foolishness | <input type="checkbox"/> Fornication | <input type="checkbox"/> Homosexuality |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Lesbianism | <input type="checkbox"/> Lust |
| <input type="checkbox"/> Masturbation | <input type="checkbox"/> Molestation | <input type="checkbox"/> Past abortion |
| <input type="checkbox"/> Perversity | <input type="checkbox"/> Pornography | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Rape | <input type="checkbox"/> Self-love | <input type="checkbox"/> Sexual frigidity |
| <input type="checkbox"/> Sexual perversions | <input type="checkbox"/> Sexualized dreams | <input type="checkbox"/> Sexualized phantasies |
| <input type="checkbox"/> Spousal rape | <input type="checkbox"/> Twisting the word | <input type="checkbox"/> Vain imaginations |

83. Have you ever struggled with the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Ahab spirit (passivity) | <input type="checkbox"/> Attraction to false prophets | <input type="checkbox"/> Attraction to false signs |
| <input type="checkbox"/> Attraction to false wonders | <input type="checkbox"/> Deception | <input type="checkbox"/> Enticers |
| <input type="checkbox"/> Fascination with evil objects | <input type="checkbox"/> Fascination with evil people | <input type="checkbox"/> Fascination with evil ways |
| <input type="checkbox"/> Hypocritical lies | <input type="checkbox"/> Jezebel spirit | <input type="checkbox"/> Seared conscience |
| <input type="checkbox"/> Seducers | <input type="checkbox"/> Seducing spirits | <input type="checkbox"/> Wander from the truth |

84. Have you ever struggled with the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Addiction to entertainment | <input type="checkbox"/> Addiction to sports | <input type="checkbox"/> Addiction to television |
| <input type="checkbox"/> Chronic discontent/dissatisfaction | <input type="checkbox"/> Excessive appetite | <input type="checkbox"/> Idolatry |
| <input type="checkbox"/> Love of money | <input type="checkbox"/> Self-reward | <input type="checkbox"/> Unfaithfulness |
| <input type="checkbox"/> Worldliness | | |

85. Why do you seek deliverance today? What prompted you to seek spiritual help?

GENERAL RELEASE AGREEMENT AND WAIVER OF CLAIMS

Between Word of Life Discipleship Church/Rev. Vladimir Mikhaylov/Associate Minister
and Person Receiving Inner Healing/Deliverance/Exorcism

This General Release Agreement and Waiver of Claims ("Agreement") is made and

entered into this day of , 20, by Word of Life Discipleship Church/Rev. Vladimir Mikhaylov/Associate Minister (WLDC/VM/AM) and

("Releasers").

WHEREAS, Releasers desire to have Word of Life Discipleship Church/Rev. Vladimir Mikhaylov/Associate Minister to Releasers with a spiritual evaluation, inner spiritual healing, and/or deliverance/exorcism (hereafter known as "the procedure") whereby Word of Life Discipleship Church/Rev. Vladimir Mikhaylov/Associate Minister shall attempt to free or deliver the Releasers from any evil spirits or demons or any unwelcome and uninvited presence; and

WHEREAS, Releasers acknowledge certain risks associated with this procedure, including mental, physical, emotional and spiritual hazards; and

WHEREAS, Releasers acknowledge that during this time Word of Life Discipleship Church/Rev. Vladimir Mikhaylov/Associate Minister may have to physically restrain Releasers to protect both Releasers and Word of Life Discipleship Church/Rev. Vladimir Mikhaylov/Associate Minister and any assistants,

WHEREAS, Releasers are over the age of eighteen and mentally competent,

NOW, THEREFORE, in consideration of the mutual covenants contained herein, which each of the parties acknowledge as adequate and sufficient, the parties hereto agree as follows:

1. WLDC/VM/AM agrees to perform a spiritual evaluation, inner spiritual healing, and/or deliverance/exorcism ("the procedure") on Releasers. Releasers acknowledge that WLDC/VM/AM make no claims as to the results of the procedure due to the many and variable emotional, circumstantial, and spiritual factors involved.
2. Releasers, for himself, herself, his/her heirs, personal representatives, successors and assigns hereby irrevocably waives, releases, discharges, indemnifies and agrees to hold harmless WLDC/VM/AM, its officers, directors, employees, subsidiaries, affiliates, affiliated entities, agents, successors and assigns from and against any and all actions, causes of action, suits, claims, damages, demands and liabilities of whatever nature, at law or in equity, now or hereafter existing, for any reason whatsoever, having to do in any way with the procedure, including without limitation, attorneys' fees and costs incurred by WLDC/VM/AM in the defense of such actions.
3. Releasers, for himself, herself, his/her heirs, personal representatives, successors and assigns hereby irrevocably waives, releases, discharges, indemnifies and agrees to hold harmless WLDC/VM/AM, its officers, directors, employees, subsidiaries, affiliates, affiliated

entities, agents, successors and assigns from and against any and all actions, causes of action, suits, claims, damages, demands and liabilities of whatever nature, at law or in equity, now or hereafter existing, for any reason whatsoever, including, without limitation, personal injury, death and loss or damage to property arising out of or resulting from the exorcism, and including without limitation, attorneys' fees and costs incurred by WLDC/VM/AM in the defense of such actions.

4. Releasors acknowledge that WLDC/VM/AM by performing the procedure desires to free those in bondage to Satan. Any gifts provided by Releasors to WLDC/VM/AM shall be used by WLDC/VM/AM to spiritually assist other persons and to further WLDC/VM/AM's outreach.

5. Releasors agree/ do NOT agree to be video- and audio-recorded. If the Releasors agree to be video- and audio recorded, reasonable requests by the Releasors will be considered as to how the Releasors will be portrayed, but Releasors will have no control over the content of the final editing process. Releasors agree to allow his/her/their appearance to be used in promotion of any final product of such video- and audio-recording. Releasors' permission applies to all forms of audio/visual products, including but not limited to television, DVDs, Internet, and film productions.

6. The terms and provisions of this Agreement shall be binding upon the parties and their heirs, successors and assigns and shall be governed by Minnesota law without regard to conflict of law principles.

7. Unless certain exceptions are so stated in writing, WLDC/VM/AM and Releasors agree that neither party shall divulge, disclose, publicize or, in any manner, make reference to this Agreement, the terms of this Agreement, the fact that any claims were made, or any of the specific allegations of the claims, except as may be necessary to effectuate the terms of this Agreement. Notwithstanding the above, a party to this Agreement may disclose the terms of this Agreement, or the circumstances or events leading up to this Agreement, if required to do so by law.

8. Any controversy arising from this Agreement will be conclusively determined by arbitration in Shakopee, Minnesota, in accordance with the Rules of the American Arbitration Association. The Arbitrator's decision must be delivered in writing accompanied by written findings of fact and conclusions of law. The prevailing party shall be awarded his, her or its costs and reasonable attorneys' fees.

9. The Releasing Party acknowledges that he/she is signing this Agreement freely and voluntarily, with full knowledge and understanding of all of its terms.

10. This Agreement constitutes the entire understanding between the parties and supersedes any and all prior or contemporaneous discussions or agreements. This Agreement, including this paragraph, may be amended or modified only by a written instrument signed by both parties or their authorized representatives. If any court rules that any provision of this Agreement is invalid or unenforceable, that ruling shall not affect the validity or enforcing of any other provision of this Agreement.

IN WITNESS HEREOF, the parties have executed this Agreement as of the day and year first written above. Each party agrees that this Agreement and any other documents to be delivered in connection herewith may be electronically signed, and that any electronic signatures appearing on this Agreement or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Releasors Signature Date:
Releasors Printed Name